FLORIDA HURRICANE IRMA IR 2017-150 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

Fo	r calen	dar year 2016 or tax year beginning	and ending				
N	lame of for	undation	-		A Empl	oyer identification number	
(CHAD	WICK FOUNDATION			20	-5251926	
Number and street (or P O box number if mail is not delivered to street address) Room/suite						hone number (see instructions	
428 SEABREEZE AVE.			56	1-723-6869			
		n, state or province, country, and ZIP or foreign postal code					
		BEACH FL 33480			C II BAE	mption application is pending,	Cleck liefe
G	Check	all that apply: Initial return Initial retu	rn of a former public ch	narity	D 1. Fo	oreign organizations, check he	гө . ▶ 📗
		Final return Amended	return		2. Fo	oreign organizations meeting t	ne
_		Address change Name cha			85	i% test, check here and attach	computation
Н	Check	type of organization X Section 501(c)(3) exempt private	foundation /	14	E If priv	ate foundation status was term	ninated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	le private foundation	<i></i>	sectio	n 507(b)(1)(A), check here	▶ ∐
1 1	air ma	rket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month te	rmination
6	end of y	rear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere 🕨 📙
	ine 16)	▶ \$ 724,342 (Part I, column (d) must	be on cash basis)				
F	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted not	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(D) Net inv		(c) Adjusted net income	for charitable purposes
$\frac{1}{2}$	1	Contributions, gifts, grants, etc., received (attach schedule)	82,182				(cash basis only)
));	2	Check ► If the foundation is not required to attach Sch B	52,132				
14	3	Interest on savings and temporary cash investments	304		304		·
יי	4	Dividends and interest from securities	304		304		
Revenue	5a	Gross rents					
		Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-74,817				
	b	Gross sales price for all assets on line 6a 110,000					
	7	Capital gain net income (from Part IV, tine 2)	·····		0		···
	8	Net short-term capital gain				0	
	9	Income modifications		***************************************	••••		
	10a	Gross sales less returns and allowances					***************************************
	b	Less. Cost of goods sold				11111111111	***************************************
	C	Gross profit or (loss) (attach schedule)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	11	Other income (attach schedule) STMT 2	3,191			3,191	
	12	Total. Add lines 1 through 11	10,860		304	3,191	
Ś	13	Compensation of officers, directors, trustees, etc	0				
penses	14	Other employee salanes and wages					
e.	15	Pension plans, employee benefits					
X	16a	Legal fees (attach schedule)				ું કું - i	, ,
		Accounting fees (attach schedule) STMT 3	6,223			" ()	# J
aţi	C	Other professional fees (attach schedule)	440			IAN O	2 2618
str	17	Interest	442				[73]
Ë	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion					1 1 .c.
重	20	Occupancy				CF	
ĕ	21	Travel, conferences, and meetings	11,452	_			
pu	22	Printing and publications	11,452			-	
e e	23	Other expenses (att sch) STMT 4	8,069				
Operating and Administrative	24	Total operating and administrative expenses.	2,200				
Ē		Add lines 13 through 23	26,186		0	o	0
þe	25	Contributions, grits, grants paid	53,200				53,200
	26	Total expenses and disbursements. Add lines 24 and 25	79,386		0	0	53,200
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-68,526				
	b	Net investment income (if negative, enter -0-)			304		
	c	Adjusted net income (if negative, enter -0-)			., .,	3,191	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

For Paperwork Reduction Act Notice, see instructions.

SCANNED FEB 2 1 2013

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
_	* ****/*	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		7,950	7,950
	2	Savings and temporary cash investments	575,400	716,392	716,392
	3	Accounts receivable ▶	, , , , , , , , , , , , , , , , , , , ,	11. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	
		Less: allowance for doubtful accounts ▶	57,833		
	4	Pledges receivable ▶	1 1 1.7.	7, 3,	
		Less allowance for doubtful accounts ▶			
	5	Grants receivable		_	
	6	Receivables due from officers, directors, trustees, and other			İ
,		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
i		Less: allowance for doubtful accounts ▶ 0			
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments – U S. and state government obligations (attach schedule)			
	þ	Investments – corporate stock (attach schedule)			
	C	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
i	13	Investments – other (attach schedule) SEE STATEMENT 5	185,380		
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach sch) ▶			
	15	Other assets (describe ▶)		
	16	Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item i)	818,613	724,342	724,342
	17	Accounts payable and accrued expenses			
,	18	Grants payable			
Liabilities	19	Deferred revenue]
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
jat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe SEE STATEMENT 6)	3,262	
4	_23	Total liabilities (add lines 17 through 22)	0	3,262	
		Foundations that follow SFAS 117, check here]		
ces		and complete lines 24 through 26 and lines 30 and 31.			
ne Du	24	Unrestricted]
3a	25	Temporarily restricted			
Net Assets or Fund Balan	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here	<u> </u>		
빏		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
AS	29	Retained earnings, accumulated income, endowment, or other funds	818,613		
et	30	Total net assets or fund balances (see instructions)	818,613	721,080	
Z	31	Total liabilities and net assets/fund balances (see			
		instructions)	818,613	724,342	<u> </u>
	Part I	Analysis of Changes in Net Assets or Fund Balances			
1		net assets or fund balances at beginning of year - Part II, column (a), line 30 (r	nust agree with		
		f-year figure reported on prior year's return)		1_	818,613
		amount from Part I, line 27a		2	-68,526
		rincreases not included in line 2 (itemize) ▶		3	
		nes 1, 2, and 3		4	750,087
		eases not included in line 2 (itemize) SEE STATEMENT 7		5	29,007
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column	n (b), line 30	6	721,080

7 (2010) 0122012	THE POST OF THE PO				ı age e
Part IV Capital Gains a	and Losses for Tax on Investme	ent income	T		
	cribe the kind(s) of property sold (e.g., real estate, rarehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A			D BOILDON		
b					
С			_		
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	1	n or (loss) f) minus (g)
_a					
b					
_c					
_d	<u> </u>				
<u> </u>	<u> </u>				
Complete only for assets showing	ng gain in column (h) and owned by the f	oundation on 12/31/6	59		(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	1	tless than -0-) or rom col (h))
<u>a</u>					
<u>b</u>					
<u> </u>		 			
	<u> </u>			 	.
2 Capital gain net income or (net d	If (loss), enter -0- in	Part I, line 7		2	
If gain, also enter in Part I, line 8	oss) as defined in sections 1222(5) and (6 B, column (c) (see instructions). If (loss),	· _			
Part I, line 8	- d OAi 4040(a) 6 Dd			3	
	nder Section 4940(e) for Reduc			ome	
(For optional use by domestic privat	e foundations subject to the section 4940	D(a) tax on net invest	ment income)		
If section 4940(d)(2) applies, leave t	his part blank				
	ction 4942 tax on the distributable amour	• •	pase period?		X Yes No
			na nev entree		<u>-</u>
1 Enter the appropriate amount in	each column for each year, see the inst	Tuctions before make		 1	(d)
Base penod years Calendar year (or tax year beginning a	n) Adjusted qualifying distributions	s Net value	(c) e of noncharitable-use ass		tribution ratio divided by col (c))
2015					
2014	-			 	
2013		-			
2012					
2011					
2 Total of line 1, column (d)				2	
	5-year base period – divide the total on	line 2 by 5, or by the	•	-	
-	has been in existence if less than 5 year	·		3	
4 Enter the net value of noncharita	able-use assets for 2016 from Part X, line	e 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions fro		h and annihita # 1	mad value = 40/ 1	sate See the	
Part VI instructions	an line 7, check the box in Part VI, line 1	o, and complete that	part using a 1% tax	rate See the	000 PF

Form	1 990-PF (2016) CHADWICK FOUNDATION	20-5251926				Page 4	
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	40(e), or 4948 – see instruction	กร)		-		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ a	nd enter "N/A" on line 1.	٦ .	7//		,	
	Date of ruling or determination letter (attach copy of letter if r	necessary—see instructions)		. 3			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1			6	
	here ▶ ☐ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations er	nter 4% of	┛▐		, ,		
•	Part I, line 12, col (b)		į				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	nly Others enter -0-)	2			0	
3	Add lines 1 and 2		3			6	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only. Others enter -0-)	4			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter	- 0-	5			<u>6</u>	
6	Credits/Payments.				er all	s Matria	
а	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	_8				
b	Exempt foreign organizations – tax withheld at source	_6b	_83				
C	Tax paid with application for extension of time to file (Form 8868)	6c					
d	Backup withholding erroneously withheld	6d			W.W.Z.	1000	
7	Total credits and payments Add lines 6a through 6d		7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220	is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ 9			6	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ove	rpaid	▶ 10				
11_	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶	Refunded	11				
Pa	art VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or loc	al legislation or did it				Yes No	
	participate or intervene in any political campaign?				1a	X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political j	purposes (see					
	Instructions for the definition)?				1b	X_	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and c	opies of any matenals					
	published or distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?				1c	x	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri	ing the year					
	(1) On the foundation > \$ (2) On foundation manage	ers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political e						
	on foundation managers > \$						
2	Has the foundation engaged in any activities that have not previously been reported	to the IRS?			2	X	
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its gove	erning instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed of	opy of the changes			3	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during t	he year?			4a	X	
þ	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5	X	
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies	fied either					
	 ▶ By language in the governing instrument, or 						
	• By state legislation that effectively amends the governing instrument so that no ma	andatory directions that					
	conflict with the state law remain in the governing instrument?				-	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes	s," complete Part II, col. (c), and	Part X\	/	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see ins	tructions) ►					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF	to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach exp	•			8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning						_
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instruction	-)
	complete Part XIV	,			9	x ≺	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attack	n a schedule listing their					
	names and addresses	_	T 8		10	X	
				1	Form 99 ()-PF (2016)	

<u> </u>	*** VII-A Statements Regarding Activities (continued)			
44			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			X
12	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	11		
12	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► NONE			
14	The books are in care of ▶ CHAUNCEY W CRANDALL IV Telephone no. ▶ 561-7	23-	686	9
	428 SEABREEZE AVE			
	Located at ▶ PALM BEACH FL ZIP+4 ▶ 33480)		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here			▶ 🗍
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X,
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	14	r 1	,
	the foreign country	<u> </u>		
<u> </u>	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	· · ·	.	•
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? N/A	4.		
2	· · · ·	1c		
-	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
_	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 , 20 , 20 , 20 , .			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016) N/A	3b	İ	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u> </u>	X
		orm 99	90-PF	(2016)

	1990-PF (2016) CHADWICK FOU	NDATION	20-5	251926			<u> </u>	<u>age 6</u>
P	art VII-B Statements Regardi	ng Activities for Which I	Form 4720 May Be R	equired (cont	ınued)			
5a	During the year did the foundation pay or	incur any amount to:					1	
	(1) Carry on propaganda, or otherwise a	itempt to influence legislation (s	section 4945(e))?	Y	'es 🗓 No	ı		
	(2) Influence the outcome of any specific	public election (see section 49	955), or to carry on,		_			
	directly or indirectly, any voter registr	ation drive?		Y	'es 🗓 No	I		
	(3) Provide a grant to an individual for tra	avel, study, or other similar purp	ooses?	Y	'es 🛚 No	1	-	11
	(4) Provide a grant to an organization of	ner than a charitable, etc., organ	nization described in		_		1	,
	section 4945(d)(4)(A)? (see instruction	ns)		Y	es 🗓 No	1	- 1	. 1
	(5) Provide for any purpose other than re	ligious, charitable, scientific, lite	erary, or educational	_				2
	purposes, or for the prevention of cru	elty to children or animals?			es 🗓 No			
b	If any answer is "Yes" to 5a(1)-(5), did ai	ny of the transactions fail to qua	alify under the exceptions d	escribed in	_	Jun .	20	
	Regulations section 53.4945 or in a curre	int notice regarding disaster ass	sistance (see instructions)?	•	N/A	5b		
	Organizations relying on a current notice	regarding disaster assistance of	check here		▶ 📋			
C	If the answer is "Yes" to question 5a(4), of	loes the foundation claim exem	ption from the tax					
	because it maintained expenditure respo	nsibility for the grant?		N/A 🗍 Y	es No			
	If "Yes," attach the statement required by	Regulations section 53 4945-5	5(d).	_	_			
6a	Did the foundation, during the year, recei	ve any funds, directly or indirect	tly, to pay premiums			′ [2.7
	on a personal benefit contract?			□ Y	es 🗓 No	1		
b	Did the foundation, during the year, pay p	premiums, directly or indirectly,	on a personal benefit contr			6ь]	X
	If "Yes" to 6b, file Form 8870.	•	•					
7a	At any time during the tax year, was the f	oundation a party to a prohibite	d tax shelter transaction?		es X No	I		
b	If "Yes," did the foundation receive any p	roceeds or have any net income	e attributable to the transac	tion?	N/A	7b		
P	Information About Off	ficers, Directors, Truste	es, Foundation Mana	agers, Highly	Paid Employe	es,		
	and Contractors							
<u>1 l</u>	ist all officers, directors, trustees, foun	dation managers and their co	ompensation (see instruc	tions).				
	(a) Name and a	ddress	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense ac allowar	
CH	AUNCEY W. CRANDALL IV	PALM BEACH	TRUSTEE					
42	8 SEABREEZE AVE	FL 33480	5.00	o	0			0
	BORAH N CRANDALL	PALM BEACH	TRUSTEE					
42	8 SEABREEZE AVE	FL 33480	2.00	o	0			0
				_				
2	Compensation of five highest-paid em "NONE."	ployees (other than those inc	luded on line 1 – see ins	tructions). If non	e, enter			
	(a) Name and address of each employee p	aid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense ac allowar	
NC	NE							
				·				
		-						
						 		
04-	I number of other ampleues and are \$50	2.000				ļ		
υid	I number of other employees paid over \$50	J,UUU			▶	1		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees, Foundation Management of the Information About Officers, Directors, Trustees,	anagers, Highly Paid Em	ployees,
3 Five highest-paid independent contractors for professional services (see instructions). If	none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	+	
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the nui organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mber of	Expenses
1 SEE STATEMENT 9		
_		
2		
3		···
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	—	
rount rounties i unough 5		

qualifies for the section 4940(e) reduction of tax in those years

	1 990-PF (2016) CHADWICK FOUNDATION 20-3231926		Page o
[Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign fo	undations,
_	' see instructions.)	1 4	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes:	1a	0
a	Average monthly fair market value of securities	1b	578,967
b	Average of monthly cash balances Fair market value of all other assets (see instructions)	1c	3,0,30,
c d	Total (add lines 1a, b, and c)	1d	578,967
e	Reduction claimed for blockage or other factors reported on lines 1a and	"	3.07307
E	1c (attach detailed explanation))	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	578,967
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	"	3.0,30.
4	and the second s	4	8,685
5	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	570,282
6		6	28,514
*********	Minimum Investment return. Enter 5% of line 5 art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation	1	
F	and certain foreign organizations check here and do not complete this part)	y ioui	idations
1	Minimum investment return from Part X, line 6	1	28,514
-		5	20,514
2a		4	
b	,	2c	6
c	Add lines 2a and 2b Distributeble amount before adjustments. Subtract line 2a from line 1	3	28,508
3	Distributable amount before adjustments Subtract line 2c from line 1	4	20,300
4 5	Recoveries of amounts treated as qualifying distributions	5	28,508
	Add lines 3 and 4 Deduction from distributable amount (see instructions)	6	20,300
6 7	Deduction from distributable amount (see instructions)	-	
′	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	7	28,508
	line 1	1 /	20,500
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	53,200
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	53,200
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	53,200
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the four	dation	

Form	990-PF (2016) CHADWICK FOU	NDATION		20-52519	26	Page 9
	式 XIII Undistributed Income					
	•	,	(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part X	ı <u>. </u>	Corpus	Years prior to 2015	2015	2016
	fine 7	,	,		,	28,508
2	Undistributed income, if any, as of the end	of 2016:				
	Enter amount for 2015 only					ľ
	Total for prior years 20 , 20	. 20				, ,
3	Excess distributions carryover, if any, to 2					
а	From 2011	8,423	,	,		
b	From 2012	20,056	. 32	,	4, 4	
С	From 2013	117,938	3.4.37	10 Ch	Alle State	
d	From 2014	599			2 William (Sec.)	
е	From 2015					
f	Total of lines 3a through e		147,016			
4	Qualifying distributions for 2016 from Part	XII,				
	line 4 ▶ \$ 53,200					
а	Applied to 2015, but not more than line 2a	ì	" , '	18 1977		7 7 7 7
b	Applied to undistributed income of prior ye	ears				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Ele	ection			•	
	required - see instructions)					
d	Applied to 2016 distributable amount					28,508
е	Remaining amount distributed out of corporate	us	24,692			
5	Excess distributions carryover applied to 2	2016	,, ,		<u> </u>	, , , , , , , , , , , , , , , , , , ,
	(If an amount appears in column (d), the s	same				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e. Subtract	t line 5	171,708			
b	Prior years' undistributed income Subtract	#				
	line 4b from line 2b		****			
С	Enter the amount of prior years' undistribu					
	income for which a notice of deficiency ha					
	been issued, or on which the section 4942	2(a)				
	tax has been previously assessed					
đ	Subtract line 6c from line 6b Taxable					
	amount – see instructions					
е	Undistributed income for 2015 Subtract li	ine				
	4a from line 2a Taxable amount – see					
	instructions Undistributed income for 2016. Subtract li	1000	,		<u> </u>	
T	4d and 5 from line 1. This amount must b					
	distributed in 2017	C			•	0
7	Amounts treated as distributions out of co	ornus				
•	to satisfy requirements imposed by section	•				
	170(b)(1)(F) or 4942(g)(3) (Election may I					
	required—see instructions)					
8	Excess distributions carryover from 2011	not				
-	applied on line 5 or line 7 (see instruction		8,423		1	
9	Excess distributions carryover to 2017	•	, , , , , , , , , , , , , , , , , , , ,			,
-	Subtract lines 7 and 8 from line 6a		163,285			
10	Analysis of line 9					
а	Excess from 2012	20,056				
b	Excess from 2013	117,938	t			
С	Excess from 2014	599	f			
d	Excess from 2015	<u> </u>				
<u>e</u>	Excess from 2016	24,692			<u> </u>	
						OOA DE

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors

DAA

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid dunng the year SEE STATEMENT 10 53,200 53,200 **▶** 3a Total b Approved for future paymentN/A Total ▶ 3b

nter gross an	nounts unless otherwise indicated.	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
1 Programs	ervice revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_						
				1		
				1		· - · · · · ·
_			-	1		
f						
g Fees a	and contracts from government agencies					
	ip dues and assessments					
3 Interest on	savings and temporary cash investments			14	304	
	and interest from securities			1	7. 20. 7. 6.16.16	
	income or (loss) from real estate	4 (W. W. W. W.) 5 "		1 % % °	9. J. () () () () () () ()	Matthe and a state of
	inanced property					
	bt-financed property	ļ				
	income or (loss) from personal property			 		
	stment income			 		74 017
	ss) from sales of assets other than inventory		<u> </u>	 		-74,817
	e or (loss) from special events	-		 		-
IU Gloss prof I1 Other reve	it or (loss) from sales of inventory			+		
	C -ORD INC - FINAL K-1 HOF		<u> </u>	1	3,191	
	7 010 110 11111 N 1 101	-		 -		
				1		
e ——				1		
12 Subtotal A	Add columns (b), (d), and (e)		()	3,495	-74,817
	line 12, columns (b), (d), and (e)		<u> </u>		13 _	-71,322
	et in line 13 instructions to verify calculations)					
Part XVI-E	Relationship of Activities to the Ac	complishm	ent of Exempt P	urpose	es	
Line No.	Explain below how each activity for which income	-				
 N/A	accomplishment of the foundation's exempt purpo	ses (other thai	n by providing funds for	or such p	urposes) (See instruct	ions)
N/A						
						
						· -
		··· <u>·</u>				· · · · · · · · · · · · · · · · · · ·
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		<u> </u>				
		-				
	<u> </u>					

Form 990-PF (2016) CHADWICK FOUNDATION

Part X		nformation Regariza	arding Transfers To and	I Transactions	and Relationship	s With Noncharitab	le		
1 Did			irectly engage in any of the follo	owing with any othe	er organization describe	ed		Yes	No
	-		er than section 501(c)(3) organi	_					
	anızatıons		(,,)	,					1 :
_			ation to a noncharitable exemp	t organization of					
	Cash			J			1a(1)		x
	Other ass	sets		-		•	1a(2)		Х
	er transac					•			
			able exempt organization				16(1)		x
• •			onchantable exempt organization	n			1b(2)		X
		facilities, equipment,	· -				1b(3)		X
		sement arrangements					1b(4)		X
		loan guarantees	•		•		1b(5)		X
		_	embership or fundraising solicit	ations			1b(6)		X
			ailing lists, other assets, or paid	•			1c		X
	_	• •	s "Yes," complete the following		(b) should always show	v the fair market			
		•	or services given by the reporting						
	_		arrangement, show in column						
(a) Line		(b) Amount involved	(c) Name of noncharitable exemp			nsfers, transactions, and sharing a	rrangem	ents	
N/A		(- /							
					·				
			· · · · · · · · · · · · · · · · · · ·		-				
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						·			
									
des	cribed in s	•		c)(3)) or in section 5	27?		Y	es X	No.
		Name of organization	(b) Type of o	rganization	(0	Description of relationship			
N/ <i>I</i>	<u>, </u>					······································			
<u> </u>		-							
		**************************************	nat I have examined this return, including	- accomposition achoded	To and distance and to the	host of my knowledge and belie	f it is to		
Sign Here	correct, and	complete Declaration of p	preparer (other than taxpayer) is based	on all information of white	ch preparer has any knowleds	May the IRS dis with the prepare (see instruction	cuss this	return	No
		\ \	-1		27.17	TRUSTEE			
_	Signati	ure of officer or trustee		Date	Title				
Paid	Print/Type	e preparer's name		Preparer's signature	E/-te	Date	_		(
Paid Preparer	PAUL		· ·	Jac	1 mg	45/1 11/1			
Use Only	Firm's na		H & HAUCK, P.A.	<u>, C.P.A.S</u>			011		
USE UNIY	Firm's ad		JS HIGHWAY 1 ST				-283		
	<u> </u>	NORTH	H PALM BEACH, FI	<u>L 33408-4</u>	621	Phone no 56	1-84		
							Form 9	90-PI	F (2016

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2016

CHADWICK FOUNDATION 20-5251926						
Organization type (check one						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	v 1 					
	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See				
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II See instructions for determinations.					
Special Rules						
regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa lat received from any one contributor, during the year, total contributions of the greater of amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts	rt II, line of (1)				
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions						
totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Page 2

Name of organization
CHADWICK FOUNDATION

Employer identification number 20-5251926

"Part I	Contributors (See instructions). Use duplicate copies of P	art I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES L.& SHARON A. BROADHEAD 982 LAKE HOUSE DR NORTH PALM BEACH FL 33408	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DR. & MRS. CHAUNCEY CRANDALL 428 SEABREEZE AVE PALM BEACH FL 33480	\$ 16,075	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
3	MISC CASH CONTRIB <= 1,000 428 SEABREEZE AVE PALM BEACH FL 33480	\$ 14,407	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ELEANOR PATTERSON REEVES FOUNDATION 169 SEAVIEW AVE. PALM BEACH FL 33480	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WILLIAM & MARY RYAN CHARITABLE FOUND 12 SALT CREEK LANE # 200 HINSDALE IL 60521-8611	s 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ELLIOTT, R KEITH 201 S. NARCISSUS AVE. APT 704 WEST PALM BEACH FL 33401	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)

PAGE 2 OF 2

age 2

Name of organization
CHADWICK FOUNDATION

Employer identification number 20-5251926

Part I	Contributors (See instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DIFEO , JOSEPH 220 COMMODORE DR JUPITER FL 33477	\$ 6,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PANNILL , A.Z. 4 SOUTH LAKE TRAIL PALM BEACH FL 33480	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audress, and Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	The state of the s	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1383 CHADWICK FOUNDATION

20-5251926 FYE: 12/31/2016

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss	\$ -74,817	\$ -74,817
	Depreciation	\$	0 \$
	Expense		0
	Cost	184,817 \$	184,817 \$
How Received	Sale Price	PURCHASE 110,000 \$	110,000 \$
	Date Sold	IVT 1/01/16 \$	S. T.
Description	Date Acquired	LDS INVESTME 1/01/14	
	Whom Sold	HISTORICAL OIL FIELDS INVESTMENT 1/01/16	TOTAL

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Adjusted Net Income	\$ 3,191	\$ 3,191
Net Investment Income	S	0 \$
Revenue per Books	\$ 3,191	\$ 3,191
Description	MISC -ORD INC - FINAL K-1 HOF	TOTAL

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

ed Charitable Purpose	w -	s 0
Adjusted Net	ۍ «	w.
Net Investment	\$	\$
Total	6,223	6,223
1	က ျ	φ.
Description	INDIRECT ACCOUNTING FEES	TOTAL

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	‹	‹	ዏ	S
EXPENSES				
MISCELLANEOUS	204			
OFFICE SUPPLIES	3,937			
BANK FEES & SERVICE CHARGES	1,859			

<u>:</u>	•					
11/27/2017 4:08 PM	•	Charitable Purpose	0		Fair Market Value	\$ \$ 0 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	es (continued)	Adjusted Net	0 \$	estments	Basis of Valuation	
ements	23 - Other Expens	Net Investment	0	Line 13 - Other Inv	End of Year	
Federal Statements	Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)	Total 309 \$ 946	8,069 \$	Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments	Beginning of Year	\$ 185,380
NC	atement 4 - Form	 	ES .	Statement 5 - F		
1383 CHADWICK FOUNDATION 20-5251926 FYE: 12/31/2016	St	Description	G / EVANG SUPPLIES		Description	
1383 CHADWIC 20-5251926 FYE: 12/31/2016		MEALS WEBSITE MERCHANT	TEACHIN			HISTORIC OIL TOTAL

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1383 CHADWICK FOUNDATION 20-5251926

Federal Statements

FYE: 12/31/2016

Statement 6 -	- Form 990-PF	, Part II, Line 22	- Other Liabilities

Description	Beginning of Year	 End of Year
AMEX PAYABLE	\$	\$ 3,262
TOTAL	\$0	\$ 3,262

Statement 7 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 <u>Amount</u>
PENALTIES PAID	\$ 4,184
TAXES PAID IN 2016	 24,823
TOTAL	\$ 29,007

	11/27/2017 4:08 PM
FYE: 12/31/2016	
Statement 8 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	al Contributors
Name Address	City, State, Zip
JAMES & SHARON BROADHEAD 982 LAKE HOUSE DR NORTH PALM BEACH FL	CH FL 33408

1383 CHADWICK FOUNDATION 20-5251926

Federal Statements

11/27/2017 4:08 PM

FYE: 12/31/2016

Statement 9 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

DISTRIBUTION OF MONIES TO CHARITABLE ORGANIZATIONS (501(C)(3) TO DEVELOP CHRISTIAN MINISTRIES IN FOREIGN COUNTRIES, INCLUDING BUT NOT LIMITED TO THE DEVELOPMENT AND BUILDING OF HOSPITALS, ORPHANAGES AND HEALTH CARE CLINICS OUTSIDE OF THE U.S. AND DISASTER RELIEF.

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Federal Statements

1383 CHADWICK FOUNDATION

20-5251926 FYE: 12/31/2016

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address	į	
Address	Relationship Status	Purpose	Amount
Æ	P O BOX 12		
CUBIST FOR ALL NATIONS INC	FUBLIC P C BOY 590588	MISSIONS	12,000
ORLANDO FL 32859 NONE		MISSIONS	13,500
CBN CHRISTIAN BROADCASTING	977 CENTERVILLE TURNPIKE	щ)
VIRGINIA BEACH VA 23463 NONE		EVANGELISM	12,000
GLOBAL GIVING	1110 VERMONT AVE NW #550	0	
WASHINGTON DC 20005 NONE		MISSIONS	
GOING FORTH INTERNATIONAL	509 SYLVIA DR		
EDINBURG TX 78541		MISSIONS	2,000
NEW BEGINNINGS COMMUNITY CHURCH	8163 S.W. CITRUS BLVD		
PALM CITY FL 34990			1,750
ALBERT SCHWEITZER HOSPITAL	2840 LIBERTY AVE. # 201		
PITTSBURGH PA 15222		MEDICAL CARE- HAITI	2,500
LOVE & HOPE IN ACTION , INC	PO BOX 1385		
PORT SALERNO FL 34992		HOMELESS SHELTER	500
WCNO NATIONAL CHRISTIAN RADIO	2960 SW MAPP RD		
PALM CITY FL 34990		CHRISTIAN RADIO	200
ROYAL POINCIANA CHAPEL	60 COCOANUT ROW		
PALM BEACH FL 33480		YOUTH MISSIONS	2,000
FREEDOM MINISTRY	FO BOX 838	SWOTO	c
RAIMONDVILLE IX /8380 BETHET CHIRCH OF REDDING	933 COLLEGE VIEW DR	CNOTOCIE	000.7
REDDING CA 96003		EVANGELISM	250
CHRIST FELLOWSHIP	5343 NORTHLAKE BLVD		
PALM BEACH GARDENS FL 334		СНИВСН	200
KINGSLEY BLAKE/ HOPEWELL BAPTIST C	P O BOX 64		
MONTEGO BAY, JAMAICA		СНОРСН	4,000
TOTAL			53,200